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|--|---|-----------|--|---|
| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | 214527132 |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>IZAACK WALTON LEAGUE OF LYNCHBURG,</b><br/> <b>VA., INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>JAMES R RICHARDS</b><br/> <b>ALLIED ARTS BUILDING</b><br/> <b>725 CHURCH ST</b><br/><br/> <b>LYNCHBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>LYNCHBURG CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>00610923</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> |   |           | CLASS  | AUTHORIZED  |
| CLASS  | AUTHORIZED  |           |  |   |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br><div style="text-align: center;">           ADDRESS: PO BOX 4002<br/><br/>           CITY/ST/ZIP: LYNCHBURG, VA 24502         </div>  |   |           |  |   |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.   |   |           |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: TOM HUDSON<br/>           TITLE: PRESIDENT<br/>           ADDRESS: PO BOX 412<br/>           CITY/ST/ZIP/CO: RUSTBURG, VA 24588         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>  |   |           | NAME: TOM HUDSON<br>TITLE: PRESIDENT<br>ADDRESS: PO BOX 412<br>CITY/ST/ZIP/CO: RUSTBURG, VA 24588                    | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Robert Crowder<br/>           TITLE: VICE PRESIDENT<br/>           ADDRESS: 1186 Greenbrook Court<br/>           CITY/ST/ZIP/CO: FOREST, VA 24551         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>  |   |           | NAME: Robert Crowder<br>TITLE: VICE PRESIDENT<br>ADDRESS: 1186 Greenbrook Court<br>CITY/ST/ZIP/CO: FOREST, VA 24551  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: Robert Crowder<br>TITLE: VICE PRESIDENT<br>ADDRESS: 1186 Greenbrook Court<br>CITY/ST/ZIP/CO: FOREST, VA 24551  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |           |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JOHN DOMAS<br/>           TITLE: VICE PRESIDENT<br/>           ADDRESS: 291 BEECHWOOD DRIVE<br/>           CITY/ST/ZIP/CO: LYNCHBURG, VA 24502         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>   |   |           | NAME: JOHN DOMAS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 291 BEECHWOOD DRIVE<br>CITY/ST/ZIP/CO: LYNCHBURG, VA 24502     | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: JOHN DOMAS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 291 BEECHWOOD DRIVE<br>CITY/ST/ZIP/CO: LYNCHBURG, VA 24502   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |           |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: DONALD YOST<br/>           TITLE: TREASURER<br/>           ADDRESS: 200 MOUNT HAVEN DR<br/>           CITY/ST/ZIP/CO: FOREST, VA 24551         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>   |   |           | NAME: DONALD YOST<br>TITLE: TREASURER<br>ADDRESS: 200 MOUNT HAVEN DR<br>CITY/ST/ZIP/CO: FOREST, VA 24551             | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: DONALD YOST<br>TITLE: TREASURER<br>ADDRESS: 200 MOUNT HAVEN DR<br>CITY/ST/ZIP/CO: FOREST, VA 24551   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |           |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: William Carson Ward<br/>           TITLE: SECRETARY<br/>           ADDRESS: 265 Izaak Walton Road<br/>           CITY/ST/ZIP/CO: Amherst, VA 24521         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>   |   |           | NAME: William Carson Ward<br>TITLE: SECRETARY<br>ADDRESS: 265 Izaak Walton Road<br>CITY/ST/ZIP/CO: Amherst, VA 24521 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: William Carson Ward<br>TITLE: SECRETARY<br>ADDRESS: 265 Izaak Walton Road<br>CITY/ST/ZIP/CO: Amherst, VA 24521   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |           |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: H. Webb Babcock<br/>           TITLE: DIRECTOR<br/>           ADDRESS: 182 Misty Hollow Road<br/>           CITY/ST/ZIP/CO: Amherst, VA 24521         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>  |   |           | NAME: H. Webb Babcock<br>TITLE: DIRECTOR<br>ADDRESS: 182 Misty Hollow Road<br>CITY/ST/ZIP/CO: Amherst, VA 24521      | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: H. Webb Babcock<br>TITLE: DIRECTOR<br>ADDRESS: 182 Misty Hollow Road<br>CITY/ST/ZIP/CO: Amherst, VA 24521  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |           |  |   |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Tommy Brown<br>DIRECTOR<br>151 Amelon Place<br>Madison Heights, VA 24572    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Frank Campbell<br>DIRECTOR<br>1195 Whistling Swan Drive<br>Forest, VA 24551 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | William Goggins<br>DIRECTOR<br>446 Depot Road<br>Rustburg, VA 24588         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | John Keegan<br>DIRECTOR<br>1621 Clayton Ave<br>Lynchburg, VA 24503          | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Ryan Knott<br>DIRECTOR<br>1000 Misty Mountain Road<br>Lynchburg, VA 24502   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Art Massie<br>DIRECTOR<br>199 Hills Creek Road<br>Altavista, VA 24517       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Donald Morrison<br>DIRECTOR<br>316 Riviera Drive<br>Concord, VA 24538       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Jay Phaup<br>DIRECTOR<br>288 Rosecliff Ct<br>Amherst, VA 24521              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | Hans Schubert<br>DIRECTOR<br>218 Holcomb Path Road<br>Lynchburg, VA 24501   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | James Waters<br>DIRECTOR<br>107 Patrick Court<br>Madison Heights, VA 24572  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |                                  |  |
| /s/ DONALD YOST  |   | DONALD YOST, TREASURER           |  |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  |   | DATE                             |  |
| PRINTED NAME AND CORPORATE TITLE   |   | 5/27/2014                        |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |                                  |  |